THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) Yes, Sit.

(b) An action plan for control of Diarrhoeal disease including other water boTHe diseases in- Delhi has been Grawn up by Delhi Administration and circulated to all concerned agencies to ensure that these agencies attend to health care' pro-grarnrfle with full vigour and due attention. The status of water supply, chlorine content, garbage disposal, supply of ORS/ Cholerine is monitored by all the igeneies and once a month within Demi Administration, where joint inspection reports are considered and follow-up maintained.

Testing of High-Tech Kilted Polio Vaccines

887. SHRIMATI VEENA VERMA :
SHRI KAPIL VERMA :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that high-tech injettible-Kiilea Polio Vaccine (KPV) is untler testing in India ;

(b) if so, what are the details thereof;

(c) whether Government are considering proposal to replace Oral Polio Vaccine (OPV) with KPV ;

(d) if so, the details thereof and if not what are the reasons therefor ;

(e) whether it is a fact that there is high percentage of drop out in OPV programme Which requires about 10 doses for effectivity ; and

(f) if so, what are the details thereof ?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH): (a) and (b) A feasibility study on use of a high tech injectable-killed Polio Vaccine is being condaeted in the North Arcot District of Tamil Nadu. This study is supported by ICMR, and being conducted by oiristian Medical College (CMC), Vellore. In one half of the North Areot District; KPV is administerd to children as Quadruple vaccine i.o. m combination with Diphtheria Feittisis and Tetanus *(DPTP)* in a 3 dose schedlrie at 2, 4, 9 months after birth *As a* contorl in other Half of the North Arcot Distrie; *Oral* Polio Vaccin is given to *infants it* a 3 dose sechedlue at 6*, 10* and- 14 Weeks after birth.

(C) and (d) There is no proposal to replace Oral PdlioVaccine (OPV) with KPV as OPV is the vaccine of? chotoe for eradication of poliomyelitis. The advantages' of using OPV include' its efficacy in replacing wild' Virus with Vaccine' virus in the enviroment low c6st and *ease* of administration. OPV alone can be used in control of out-breaks of poliomyelitis to prevent further spread of disease. Due to these advantages of OPV vis-a-vis. KPV, and the success achieved in eradicating Poliomyelitis in many European and Latin American countries with OPV. WHO also recommends exclusive use of OPV for eradication of poliomyelitis in developing countries.

(e) and (f) At present, 3 doses of OPV are given to children at 6, 10 and. 14 weeks after birth. An additional booster dose is given after 12 months of the completion of 3 dose primary schedule. Childran born in institutions are; given one additional dose of OPV at birtn. This schedule is effective in controlling Pdfcomyelitis. Average drop out rate between 1st and 3rd 4oses of OPV, calculated from *the* reported data was 16.1 per cent in 1990-91. While moving from the stage of control to eradication of poliomyelitis, additional doses of OPV are also grven while undertaking mopping up measures in high risk pofc&ts and containment measures in response to out breaks of Polibmyefitis.

Health Care Scenario

888. SHRI S. S. AHLUWALIA : Will the Minister Of HEALTH AND PAMIL\ WELFARE be pleased to state :

(a) whether it is a fact that theibqaltl care Scenario in the country registere*